

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

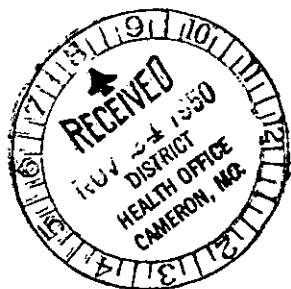
36561

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5366</u>		Registrar's No. <u>99</u>			
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marion Twn.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marion Township</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 Miles West Pattonsburg</u>				d. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles West Pattonsburg, Mo.</u>					
3. NAME OF DECEASED (Type or Print) <u>PERCY CRAWFORD GROOMER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>October 5, 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 3, 1885</u>			
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Daviess County, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>B. F. Groomer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Crawford</u>		14. NAME OF HUSBAND OR WIFE <u>Cecil Groomer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cecil Groomer, Pattonsburg, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pericardial embolism</u> DUE TO (c) <u>malignancy of prostate</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>4 days</u> <u>2 1/2 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>July 17, 1950</u> to <u>Oct 27, 1950</u> that I last saw the deceased alive on <u>Oct 27, 1950</u> and that death occurred at <u>2:10 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>James H. Sweigert</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Magalloway, Mo.</u>		23c. DATE SIGNED <u>12 Nov. 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeler Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gentry County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>20 Nov. 1950</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhardt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Sweigert</u>		ADDRESS <u>Pattonsburg, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



1055  
AUG 2 1950  
JED

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Garin Sweet*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4096

P. O. Address Pattersonburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.